

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019375

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 29

FILED JUN 4 1962

VS 300
Rev. 4/59

1 0510
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7 6
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12 90-2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u> | | Length of stay in lb <u>65 years</u> | c. CITY OR TOWN <u>Holden</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Holden, Missouri</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>VIRGIL ALFRED CLAY</u> | | 4. DATE OF DEATH Month Day Year <u>May 22, 1962</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>colored</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/11/1897</u> |
| 9. AGE (last birthday) <u>65</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>comon labor</u> | 11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Harrison Clay</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Lottie Johnson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ethel Clay</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u> | | 16. SOCIAL SECURITY NO. <u>XXXX</u> | |
| 17. INFORMANT <u>Ethel Clay, Holden, Missouri</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>May 22, 1962</u> to <u>May 22, 1962</u> and last saw him alive on <u>May 22, 1962</u> Death occurred at <u>1:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>R. M. Jones D.O.</u> | | 22b. ADDRESS <u>Holden, Mo</u> | |
| 22c. DATE SIGNED <u>5-24-62</u> | | 22d. LOCATION (City, town, or county) (State) <u>Holden, Missouri.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>5/24/62</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Holden, Missouri.</u> | |
| 24. FUNERAL DIRECTOR <u>Canaday & Ropp, Holden, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-26-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Bernice Ross</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.